

STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES

Seq. # 2002172007



TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES.
SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. <u>135 331-50</u>	
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s) # <u>11A</u> c. Date Change(s) Took Place <u>4/15/02</u>	
3. Full Name Of Committee (must include candidate's first and last name)	
4. Candidate Last Name _____ First Name _____ M.I. _____	
4a. County of Residence _____ 4b. Political Party (If applicable) _____	
4c. Driver License # (Optional) _____	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court	
4e. District # or Jurisdiction _____ <input type="checkbox"/> Local or Other (Please Specify _____)	
5. Date Committee Was Formed _____ Mo/Day/Yr	6. Committee Area Code and Phone Number _____
7. Committee Mailing Address (May be P. O. Box) Include Zip Code _____	7a. Committee Street Address (May not be P. O. Box) _____
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) _____	9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. _____
Area Code and Phone _____ Driver License # (Optional) _____	Area Code and Phone _____ Driver License # (Optional) _____
10. <input type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
11. Names and Addresses of depositories or intended depositories of committee funds. (Bank, Credit Union or Savings & Loan Association)	12. This item applies only to a Gubernatorial Candidate Committee.
11a. Official Depository: <u>COMMUNITY CENTRAL BANK</u>	<input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
11b. Secondary Depository: <u>P.O. BOX 7 MT CLEMENS MI 48046</u>	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Current Treasurer <u>JAMES SENSTOCK</u> Type or Print Name _____ Signature _____	Date <u>6/14/02</u> Mo. Day Year
Candidate <u>JAMES SENSTOCK</u> Type or Print Name _____ Signature _____	Date <u>6/14/02</u> Mo. Day Year

1. Committee Identification No. <u>0135331-50</u>	
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s)# <u>4e</u> c. Date Change(s) Took Place <u>5-10-00</u>	
3. Full Name Of Committee <u>COMMITTEE TO ELECT JAMES SENSTOCK</u>	
4. Candidate Last Name _____ First Name _____ M.I. _____	
4a. County of Residence _____ 4b. Political Party (If applicable) _____	
4c. Driver License # (Optional) _____	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education	
<input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals	
<input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court	
4e. District # or Jurisdiction <u>HARRISON TWP</u> <input checked="" type="checkbox"/> Local or Other (Please Specify <u>SUPERVISOR</u>)	
5. Date Committee Was Formed _____ (Mo/Day/Yr)	
6. Committee Area Code and Phone Number _____	
7. Committee Mailing Address (May be P. O. Box) Include Zip Code _____	
7a. Committee Street Address (May <u>not</u> be P. O. Box) _____	
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) _____	
9. Designated Recordkeeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. _____	
Area Code and Phone _____ Driver License # (Optional) _____	
Area Code and Phone _____ Driver License # (Optional) _____	
10. <input type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election year. Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
11. Names and Addresses of depositories or intended depositories of committee funds. (Bank, Credit Union or Savings & Loan Association)	
11a. Official Depository: _____	
11b. Secondary Depository: _____	
12. This item applies only to a Gubernatorial Candidate Committee.	
<input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Current Treasurer <u>JAMES SENSTOCK</u> <u>James Senstock</u> Date <u>5-10-00</u> Type or Print Name Signature Mo. Day Year	
Candidate <u>JAMES SENSTOCK</u> <u>James Senstock</u> Date <u>5-10-00</u> Type or Print Name Signature Mo. Day Year	

FILED
MAY 10 AM 9:00
CLERK OF COURT
SABALUS
COUNTY CLERK
ST. LOUIS, MISSOURI
(Optional)



STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

1. Committee Identification No. <u>0135331-50</u>	
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s) # <u>11A</u> c. Date Change(s) Took Place <u>5/27/97</u>	
3. Full Name Of Committee <u>COMMITTEE TO ELECT JAMES SENSTOCK</u>	
4. Candidate Last Name	First Name
4a. County of Residence _____ 4b. Political Party (If applicable) _____	
4c. Driver License # (Optional) _____	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court <input type="checkbox"/> Local or Other (Please Specify) _____ 4e. District # or Jurisdiction _____	
5. Date Committee Was Formed (Mo/Day/Yr)	6. Committee Area Code and Phone Number
7. Committee Mailing Address (May be P. O. Box) Include Zip Code	7a. Committee Street Address (May <u>not</u> be P. O. Box)
8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)	9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.
Area Code and Phone Driver License # (Optional)	Area Code and Phone Driver License # (Optional)
10. <input type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository: <u>STANDARD FEDERAL BANK</u> 11b. Secondary Depository: <u>36800 GRATIOT AVENUE</u> <u>CLINTON TWP MI 48035-1771</u>	12. This item applies only to a Gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Current Treasurer <u>JAMES SENSTOCK</u> Type or Print Name	<u>James Senstock</u> Signature
Candidate <u>JAMES SENSTOCK</u> Type or Print Name	<u>James Senstock</u> Signature
Date <u>5/29/97</u> Mo. Day Year	Date <u>5/29/97</u> Mo. Day Year

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES



TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UP-DATING PROCEDURES.

1. Committee Identification No. <u>135331</u>			
2. Type of Filing a. <input type="checkbox"/> Original OR		b. <input checked="" type="checkbox"/> Amendment to Item(s)# <u>4d</u> c. Date Change(s) Took Place <u>4.7.97</u>	
3. Full Name Of Committee			
4. Candidate Last Name		First Name	M.I.
4a. County of Residence		4b. Political Party (If applicable)	
4c. Driver License # (Optional)			
4d. Office Sought: (Check one)			
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court			
<input checked="" type="checkbox"/> Local or Other (Please Specify) <u>TRUSTEE</u>		4e. District # or Jurisdiction <u>LANSE CRUESE PUBLIC SCHOOLS</u>	
5. Date Committee Was Formed (Mo/Day/Yr)		6. Committee Area Code and Phone Number	
7. Committee Mailing Address (May be P. O. Box) Include Zip Code		7a. Committee Street Address (May <u>not</u> be P. O. Box)	
8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)		9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.	
Area Code and Phone Driver License # (Optional)		Area Code and Phone Driver License # (Optional)	
10. <input type="checkbox"/> REPORTING WAIVER . The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.			
11. Names and Addresses of depositories or intended depositories of committee funds.		12. This item applies only to a Gubernatorial Candidate Committee.	
11a. Official Depository:		<input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
11b. Secondary Depository:			
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Current Treasurer <u>JAMES SENSTOCK</u>		Date <u>4.7.97</u>	
Type or Print Name		Signature	
Candidate <u>JAMES SENSTOCK</u>		Date <u>4.7.97</u>	
Type or Print Name		Signature	

Reg # 9629200285



STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

1. Committee Identification No. <u>00135 331</u>		
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s)# <u>7, 8</u> c. Date Change(s) Took Place <u>10/10/96</u>		
3. Full Name Of Committee <u>COMMITTEE TO ELECT JAMES SENSTOCK</u>		
4. Candidate Last Name		First Name M.I.
4a. County of Residence _____		4b. Political Party (If applicable) _____
4c. Driver License # (Optional) _____		
4d. Office Sought: (Check one)		
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Local or Other (Please Specify) _____ 4e. District # or Jurisdiction _____		
5. Date Committee Was Formed _____ (Mo/Day/Yr)		6. Committee Area Code and Phone Number _____
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>31698 SAN JUAN</u> <u>HARRISON TWP MI 48045</u>		7a. Committee Street Address (May not be P. O. Box) <u>31698 SAN JUAN</u> <u>HARRISON TWP MI 48045</u>
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) <u>SENSTOCK, JAMES P</u> <u>31698 SAN JUAN</u> <u>HARRISON TWP MI 48045</u> Area Code and Phone Driver License # (Optional) <u>810 463-9150</u>		9. Designated Recordkeeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Area Code and Phone Driver License # (Optional)
10. <input type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.		
11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository: 11b. Secondary Depository:		12. This item applies only to a Gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.		
Current Treasurer <u>JAMES SENSTOCK</u> Type or Print Name		<u>James Senstock</u> Signature Date <u>10</u> <u>15</u> <u>96</u> Mo. Day Year
Candidate <u>JAMES SENSTOCK</u> Type or Print Name		<u>James Senstock</u> Signature Date <u>10</u> <u>15</u> <u>96</u> Mo. Day Year



FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Type or Print Clearly

96251006 29
Seq # 96250003 D6

1. Committee Identification No. 135331 - 50		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 11	
2. Full Name of Committee COMMITTEE TO ELECT JAMES SENSTOCK		Date Change Took Place AUG 30 1996 Month Day Year	
4. Candidate Name Office Sought (include district or jurisdiction served)		County of Residence Party (if applicable)	
5. Committee Street Address (street, city, state, zip code) 41432 BAYHAVEN HARRISON TOWNSHIP MI 48045		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo Day Yr.	8. Full Name and Mailing Address of Treasurer JAMES SENSTOCK 41432 BAYHAVEN HARRISON TWP MI 48045		
7. Committee Area Code and Phone		Area Code and Phone	
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name Mailing Address Area Code/Phone			

FILED
SEP-5 PM 4:38
CLERK
MICHIGAN

10. REPORTING WAIVER SECTION

☐ The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.

11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).

**HUNTINGTON BANKS
39840 BRIDGEVIEW STREET
HARRISON TWP, MI 48045**

12. This item applies only to a gubernatorial Candidate Committee.

☐ Check if this committee intends to seek qualifying contributions for public funding.

13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Treasurer	JAMES SENSTOCK	1		Date	9/5/96	
	Type or Print Name		Signature	Mo.	Day	Yea
Candidate	JAMES SENSTOCK	1		Date	9/5/96	
	Type or Print Name		Signature	Mo.	Day	Yea

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund

14b. Full Name and Address of Treasurer of Officeholder Expense Fund

14c. Officeholder Expense Fund Depository Name and Address



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Reg. # 94027004

Type or Print Clearly

1. Committee Identification No. 135331 - 50		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 58, 11	
2. Full Name of Committee COMMITTEE TO ELECT JAMES SENSTOCK		Date Change Took Place JAN 31 1994 Month Day Year	
4. Candidate Name Office Sought (include district or jurisdiction served)		County of Residence Party (if applicable)	
5. Committee Street Address (street, city, state, zip code) 41432 BAYHAVEN HARRISON TOWNSHIP MI 48045		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo Day Pu 4 26 PM	8. Full Name and Mailing Address of Treasurer JAMES SENSTOCK 41432 BAYHAVEN HARRISON TWP MI 48045		Area Code and Phone
7. Committee Area Code and Phone 4 26 PM	9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name Mailing Address Area Code/Phone		
10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). FIRST NATIONAL BANK 34564 HARPER MT. CLEMENS, MI 48045		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer JAMES SENSTOCK Type or Print Name		Signature James Senstock Date 1/25/94 Mo. Day Year	
Candidate JAMES SENSTOCK Type or Print Name		Signature James Senstock Date 1/25/94 Mo. Day Year	

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund

14b. Full Name and Address of Treasurer of Officeholder Expense Fund

14c. Officeholder Expense Fund Depository Name and Address



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Elections Division

92209079

Type or Print Clearly

1. Committee Identification No. 135331-50		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 11	
2. Full Name of Committee COMMITTEE TO ELECT JAMES SENSTOCK		Effective Date of Amendment 7 / 19 / 92 Month Day Year	
4. Candidate Name JAMES SENSTOCK		County of Residence MACOMB	
Office Sought TRUSTEE - HARRISON TWP		Party (if applicable) REPUBLICAN	
5. Committee Street Address (street, city, state, zip code) 41432 GAYHAVEN MT CLEMENS MI 48045		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. 1 Day 20 Yr. 92	8. Full Name and Mailing Address of Treasurer JAMES SENSTOCK 41432 GAYHAVEN MT CLEMENS MI 48045		Area Code and Phone (313) 463-9150
7. Committee Area Code and Phone (313) 463-9150			
9. Identify the Principal Officers of this Committee, other than the Treasurer			
Name		Title or Position	Mailing Address
			Area Code/Phone
10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). MICHIGAN NATIONAL BANK GRATIOT @ 15 MILE MT CLEMENS MI 48043		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer Type or Print Name JAMES SENSTOCK		Signature James Senstock	
Candidate Type or Print Name JAMES SENSTOCK		Signature James Senstock	
Date 7/23/92 Mo. Day Year		Date 7/23/92 Mo. Day Year	
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund		14b. Full Name and Address of Treasurer of Officeholder Expense Fund	
		14c. Officeholder Expense Fund Depository Name and Address	



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Type or Print Clearly

1. Committee Identification No. 135331-50		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s) _____	
2. Full Name of Committee COMMITTEE TO ELECT JAMES SENSTOCK		Date Change Took Place Month _____ Day _____ Year _____	
4. Candidate Name JAMES SENSTOCK		County of Residence MACOMB	
Office Sought (include district or jurisdiction served) TRUSTEE - HARRISON TWP		Party (if applicable) REPUBLICAN	
5. Committee Street Address (street, city, state, zip code) 41432 GAYHAVEN MT CLEMENS, MI 48045 1891		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. 1 Day 20 Yr. 92	8. Full Name and Mailing Address of Treasurer JAMES SENSTOCK 41432 GAYHAVEN MT CLEMENS MI 48045		Area Code and Phone (313) 463-9150
7. Committee Area Code and Phone (313) 463-9150			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name _____ Mailing Address _____ Area Code/Phone _____			
10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). HUNTINGTON BANK - BRIDGEVIEW		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer JAMES SENSTOCK Type or Print Name		Signature James Senstock Signature	
Candidate JAMES SENSTOCK Type or Print Name		Signature James Senstock Signature	
Date 1/20/92 Mo. Day Year		Date 1/20/92 Mo. Day Year	
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address	